



State of California  
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**Inquiry:**

I work at a hospital that has a level 2b NICU. This is the closest high-level NICU for 110 miles. For many of our small rural communities, we are the closest and best thing to give them assistance with any newborn in their hospital that is not a "normal newborn". The Neonatologist has asked if it is within the RT scope of practice to be sent to the rural hospital to provide care and stabilize the newborn with the neonatologist in phone contact. Stabilizing the infant would include all NRP guidelines for resuscitation; Intubation, obtaining vascular access including low umbilical veins catheter; Medication preparation and delivery as ordered by the doctor including Epinephrine, Sodium Bicarb, Naloxne, dextrose 10% and volume expanders such as normal saline.

Having multiple RTs in the field delivering high level NICU care to the at risk newborns would make a large positive impact on stabilization and life long consequence for this group of patients. One neonatologist could positively impact the care of this group of patients with a staff of properly trained and trusted RTs with good skills in the field at their disposal.

Is this within the scope of practice if proper training and skill evaluations are documented by the neonatologist?

**Response:**

The skills you have described in your inquiry are definitely within the scope of practice of a licensed respiratory care practitioner. For years respiratory practitioners have played an integral part of many transport teams across the country. Both their clinical skills as well as their technical expertise have always made them ideal candidates for this type of work. In addition, the intent of the Practice Act recognizes the existence of overlapping functions between physicians and surgeons, registered nurses, physical therapists, respiratory care practitioners and other licensed health care personnel (3701, Article I, General Provisions). As such, the onus is on the licensed health facility to develop appropriate training and competencies that would provide these functions in a manner that would be safe when administered to the public.

Reference #: 2004-C-19